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Indiana State Board of Health under Authority APPLICATION FOR M	ARRIAGE LICENSE
Chap. 126, Ind. Acts 1905 FLOYI	County $\frac{6-4-70}{6-4-70}$
MALE	Date of Application
Medical Examination Report Dated 6-3-70	Medical Examination Report Dated 6-3-70
Name of Physician Jack A. Klie	Name of Physician July N. Xlie
ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False stat	ement—Whoever procures the issuance of a license to marry by any false statement, represents
to many sum not exceeding live hundred dollars (\$500.00) .	
Name / First / Middle // Last	Name First Middle Id Lost
Date of Birth Month Day Year	norma an stewart
Place of Birth (State or, foreign, country)	1 /7 37
Men albany Floyd Sul	Place of Birth (State or foreign gountry) Place of Birth (State or foreign gountry) Place of Birth (State or foreign gountry)
2 OV Brooks are City County State May	Residence Address Street or R/R City County State
Previous Marital Status: Never Married Number of Previous Marriages	Maiden Name if Different
Last Marriage Ended By: Death Divorce Annulment D	Previous Marital Status: Never Married Number of Previous Marriages
Color or Race White Negro Other (specify)	Last Marriage Ended By: Death Divorce Annulment
Usual Occupation 4. S. Wanth	Color or Race White Negro Other (specify)
Date of birth verified by: Birth Cert. Didicial Decree	
Other (Specify) I. D. Card 1. Are you now or have you been adjudged, diagnosed or considered as:	Usual Occupation Glensheimer
An Imbecile? Of Unsound Mind? No Yes No Yes	Date of birth verified by: Birth Cert. Judicial Decree
2. Are you under guardianship as a person of unsound mind? No Yes S. Are you now or have you been within five (5) years an inmate of a county again or	1. Are you now or have you been adjudged, diagnosed or considered as:
nome for indigent persons?	An Imbecile? No 🗍 Yes 🗆
If answer to 3 is "yes" has the cause of such condition been removed? No Yes 4. Are you afflicted with a transmissible disease? No Yes	Of Unsound Mind?
5. Are you related to the bride closer than second cousin?	2. Are you under guardianship as a person of unsound mind? No Yes
6. Are you now under the influence of intoxicating liquor? No ✓ Yes ☐ 7. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	8. Are you afflicted with a transmissible disease? No
8. Are you able to support a family? 9. Are you likely to so continue? Yes No	4. Are you related to the groom closer than second cousin? No ☐ Yes ☐ 5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
10. Do you have minor children from one or more former marriages? No Yes	6. Are you now under the influence of a narcotic drug? No Yes
(If yes, answer questions a, b, c) (a) List their full names, ages and addresses	7. Full name of father William C. Juliliany
Name Age Address	Residence of father (if deceased so state) Malusm Sul
	Occupation of father
	8. Full maiden name of mother Emile P. Traffe)
(b) Are you supporting or contributing to their support? (c) Are you complying with any court order or orders issued for	Residence of mother (if deceased so state) Allased
their support? Yes No 11. Full name of father I limit	
Residence of father (if deceased so state) a fuscible Ty	
Occupation of father Julieuwa Race of father U	Birthplace of mother (State or foreign country)
Birthplace of father (State or foreign country)	State of Indiana County of Sa: I depose and state the information given in this application is true and correct.
12. Full maiden name of mother sulla Ca Mance	County of in this application is true and correct.
Residence of mother (if deceased so state) 200 Burks Une	Signed norma Low Stewart
Occupation of mother Race of mother	New Address Kirch Down Dermany
Birthplace of mother (State or foreign country)	Subscribed and sworn to before me this day of 19 70
County of Sate of Indiana, I depose and state the information given in this application is true and correct.	William (My Clerk of FLOYD County Circuit Court
Signed Kobert Van Buren Coombo	CONSENT OF PARENTS, PARENT OR GUARDIAN
New Address Kirch G.ENS GERMANY Subscribed and sworn to before me this 44 day of June 19 70	We, the parents, of this applicant hereby give consent for this marriage. If only one parent
Subscribed and sworn to before me this. 7 day of 19.70 Mulan Clerk of FLOYD County Circuit Court	signs, state facts which render the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT OR GUARDIAN	partition differences at y
We, the parents, of this applicant hereby give consent for this marriage. If only one parent	
signs, state facts which render the consent of the other parent unnecessary	
,	State of Indiana,
State of Indiana,	County of
County of	SignedFather
SignedFather	Signed
Signed	Subscribed and sworn to before me thisday of
Clerk	
COMPLETE IT WARRANT TOTAL TO THE CONTROL OF THE CON	Cierk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
	a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
Be It Remembered, there was filed in my office a marriage license issu	
of Indiana dated the file day of fune	
Be it tuffer comembered the following marriage certificate was fled in my of	a forma our thurse
Be it further remembered the following marriage certificate was filed in my off 1, h	and a property of the second
one thousand nine hundred and Dewenty of	t Clark SWilli County of Clark
State of Indiangy Groom Tolet, Var Burker Coambo o	f County, State of Well
and, Bride Olyma Daw Stewalt of	Theyd County, State of fill
were by me united in marriage as authorized by a marriage license issued for th	
County. Dated this 10 day of 19 10	2 GO SM. F.
	Signed b. I ON Gryllef
Filed and recorded in accordance with the laws of the State of Indiana this	Official Designation III White W

in accordance with the laws of the State of Indiana this 2 day of High Cochian Clork

Signed ISSUE County Circuit Court

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